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INSANE HOSPITALS IN THE UNITED STATES, IN OPERATION
IN MAY, 1838.

[Communicated for the Boston Medical and Surgical Journal.]

1. THE McLEAN ASYLUM IN CHARLESTOWN, MASSACHUSETTS.—This institution has been in operation about 20 years. It has been twice enlarged, and will now accommodate nearly *one hundred and fifty* patients. Its present number is about 100. Its first physician and superintendent was Rufus Wyman, M.D., who resigned in 1835. He was succeeded by Thomas G. Lee, M.D., who continued in it but a short time, and died October, 1836. His successor, Luther V. Bell, M.D., is the present superintendent; John R. Lee, M.D., assistant physician. The McLean Asylum is a splendid establishment, has been erected and supported at great expense, has had ample funds, which have been expended with a liberal hand. It is an excellent institution, and deserves, as it has always received, the patronage of the public.

2d. THE STATE LUNATIC HOSPITAL AT WORCESTER, MASSACHUSETTS, was erected in 1831 and 32, and went into operation January, 1833. It was originally built to accommodate 120 patients; it was soon crowded. In 1836 a wing, extending 100 feet, designed to accommodate more than fifty patients, was added. In a few months this was filled also. In 1837 another wing, of the same dimensions, was erected, together with a handsome chapel contiguous. The whole building will now accommodate *two hundred and twenty-nine* patients, with separate apartments. It has at present about 215 inmates.

The State Lunatic Hospital is a public establishment, the largest in the United States, and is a noble monument of the munificence and public spirit of the State. The building is a model of simplicity and adaptation. From its commencement it has been under the care of Samuel B. Woodward, M.D., as physician and superintendent, and George Chandler, M.D., assistant physician.

3d. THE RETREAT FOR THE INSANE AT HARTFORD, CONNECTICUT.—This institution was erected in 1823, and opened for the reception of patients in April, 1824. It was originally designed to accommodate *sixty* patients. It was enlarged in 1831, and will now accommodate about *one hundred*. Its present number of patients is about 90. Under its first superintendent, Eli Todd, M.D., it obtained great celebrity in the country; it was well conducted, and eminently successful. Dr. Todd died in 1833, having been in the institution nearly ten years. Silas

Fuller, M.D., its present superintendent, sustains the character of the institution, and it is at this time one of the best in the country.

4th. **THE VERMONT ASYLUM FOR THE INSANE, AT BRATTLEBOROUGH.**—This institution has recently commenced, having been opened in 1837. It will admit of about 35 inmates, and is quite full. Additional buildings are now erecting, which will increase the accommodations to about *one hundred*. Its commencement has been very favorable under the superintendence of Wm. H. Rockwell, M.D.

5th. **THE BLOOMINGDALE ASYLUM IN NEW YORK.**—This institution commenced operations in 1821. It is a splendid establishment, beautifully situated, having fine grounds and extensive enclosures. It is designed to accommodate about 200 patients, and has at present about 150. Its first physician was John Neilson, M.D., whose residence was in the city. He visited the asylum two or three times a week. Wm. McDonald, M.D., was its first resident superintendent and physician; he received his appointment in 1829, and resigned in 1837. The present superintendent is Benjamin Ogden, M.D. This institution has been erected at great expense, and no pains have been spared to make it a delightful residence for the insane. It has a high reputation, and well deserves the confidence of the community.*

6th. **THE PENNSYLVANIA HOSPITAL, IN THE CITY OF PHILADELPHIA.**—This hospital was established in 1752. It has a department for the insane, in which there are at present about 100 patients. It was for many years principally under the care of Dr. Rush and other eminent physicians of the city. It is the oldest institution in the United States.

7th. **THE FRIENDS' ASYLUM, AT FRANKFORT, PA.**—This institution is six miles from Philadelphia—was established in 1817. It has recently published its 21st annual report. The number of patients the last year has averaged about *sixty*. This is an excellent institution, well deserving the patronage it receives, and is a delightful, quiet retreat for its unfortunate inmates. Its principal physician is Charles Evans, M.D., who resides in Philadelphia. The resident physician is Robert R. Porter, M.D.

8th. **THE MARYLAND HOSPITAL, IN BALTIMORE.**—Till recently this was a Marine Hospital. At present it has a few patients not insane, but is principally used as an insane hospital. The present intention of the board of managers is to make it exclusively so. It is about to be enlarged and improved. Its present number of inmates is 60. Superintendent, W. Fisher, M.D. The female department of the hospital is in the care of the "sisters of charity," who devote themselves to every duty, with a zeal and assiduity most praiseworthy and commendable. Twelve individuals of this order spend their whole time in the hospital.

9th. **THE INSANE HOSPITAL AT WILLIAMSBURG, VIRGINIA.**—This hospital was established before the revolution, and is one of the oldest in the country. During the revolutionary war it was deserted by

* The New York City Hospital has usually a number of insane in its wards designed for this class of patients; the present number is unknown.

the insane, and when the conflicting armies were in the neighborhood of Yorktown, it was used as a barrack and infirmary for the sick and wounded. It is now exclusively occupied by the insane, and is to be enlarged, improved, and new modelled. The system of management has been defective, but is now in the way of improvement, under the care of its zealous and enterprising superintendent, Philip I. Barziza, Esq., who has recently visited the institutions of New England and the Middle States, to ascertain what improvements may be adopted in this ancient establishment. The present number of patients is about 80.

10th. *THE WESTERN HOSPITAL, STAUNTON, VIRG.*—This institution was established about 1828. Its present number of patients is 70. The superintendent is Francis T. Stribling, M.D.

The two last are public institutions, supported by the State. Appropriation has been made by the Legislature for the enlargement and improvement of these institutions. The gentlemen who superintend them have both been at the north, recently, to look at the institutions in this section of the country, with reference to the improvement of their own.

11th. *THE INSANE HOSPITAL IN LEXINGTON, KENTUCKY.*—This is a State institution, and a large proportion of its inmates are supported by the State. It is designed to accommodate more than 100 patients; in the time of the cholera it had 113, 40 of whom died of that disease. It has no resident physician, but is visited by one in the neighborhood when sickness amongst its inmates requires it. The medical professors are obligated by law to attend on the patients, when their service is required by the attending physician, without charge. Its average number of inmates is from 90 to 100.

12th. *THE INSANE HOSPITAL IN COLUMBIA, SOUTH CAROLINA.*—This institution has been under the patronage of President Cooper. The number of accommodations and inmates is unknown.

INSTITUTIONS FOR THE INSANE ESTABLISHED AND NOW BUILDING.

1st. *At Augusta, in Maine.*—This hospital is to be a public institution, for the accommodation of more than 100 patients. It is to be built after the model of the State Lunatic Hospital at Worcester. Half the funds for its erection were furnished by two benevolent individuals, and half by the State. It is nearly completed.

2d. *At Boston, Mass.*—A hospital is erecting in connection with the other receptacles for the unfortunate, in South Boston. It is designed to accommodate about 75 patients; it is expected that they will all be paupers. This establishment was recently commenced.

3d. *The Ohio Lunatic Asylum, at Columbus.*—This institution is designed for the accommodation of 120 patients. It is built after the plan of the State Lunatic Hospital at Worcester, Mass., principally under the superintendence of William M. Ayl, M.D., who will probably be its superintendent and physician. It is nearly completed.

4th. *The New Hospital for the Insane in Philadelphia, now erecting* by the managers of the Pennsylvania Hospital. The size and number of its accommodations unknown.

5th. *The New York Pauper Asylum, at Blackwell's Island.*—

This institution is built at the expense of the city, and is a pauper establishment.

6th. *The Insane Hospital at Nashville, Tennessee.* Centre building completed, the wings in preparation; under the superintendence of James Overton, M.D.

7th. *The State Lunatic Hospital, at Utica, New York.*—A large establishment, designed to accommodate 1000 or 1500 inmates; location fixed, and a liberal sum granted by the Legislature for the erection of the buildings. It was to be commenced this spring.

INSTITUTIONS CONTEMPLATED AND EFFORTS MAKING TO ESTABLISH THEM.

1st. *In Connecticut.*—A committee was appointed by the Legislature of this State, consisting of Drs. Thomas Hubbard, Geo. Sumner, and Charles Woodward, who were instructed to collect all the facts and statistics of insanity which they could, and report, together with a plan of a building, location, &c., to the Legislature now in session, which has been done. It is expected that appropriations will be made for the erection of a new institution, or the enlargement of the Retreat at Hartford.

2d. *In New Hampshire.*—Great efforts are now making to establish an institution for the insane in this State. Considerable sums have been subscribed, and it is expected that the Legislature, now in session, will make an appropriation for the object.

3d. *In Washington City.*—The preliminary steps towards erecting an institution for the insane have been taken at the seat of government, and although for the present postponed, will doubtless be revived at some more suitable period.

In addition to the above, there are two or three private establishments which deserve to be named. There is one at Hudson, New York, under the care of the Doctors White; one at Pepperell, Mass., superintended by Dr. Cutter; and one at Cambridgeport, Mass., formerly of considerable celebrity, under the care of Dr. Chaplin, more recently under the care of Mrs. Chaplin, the widow of Dr. C., who is also recently deceased. There are many others of less note.

It is gratifying to learn that there are preparing, during this year, more accommodations for the insane, in the United States, than have before existed since the settlement of the country. The number of insane persons in the United States cannot be less than 15,000, probably not less than 20,000. The institutions now in operation cannot accommodate ten per cent. of the number. When all are completed that are erecting, or seriously contemplated, they will fall far short of supplying the wants of the nation.

Of the character of our institutions it may be said, that while many are in all respects excellent, not exceeded by the best in Europe, for the comfort which they afford to the inmates, or the number of recoveries which they effect, others are in a bad condition, receptacles only of incurables, and render hopeless, cases that are susceptible of cure under a system of treatment humane and merciful in its dispensa-

tions. There is at present a spirit abroad in our country, which cannot fail to be of immense benefit to this class of unfortunate fellow beings. New institutions are in progress, or are contemplated in every quarter of the union. The managers of the *old* ones are awaking from the slumber of years, and effecting radical reform in their government. A spirit of inquiry is manifested, information is sought, reports are called for, and the more recently established institutions are visited and examined with reference to improving their management. Within the last few weeks the principal officers of both the institutions in Virginia, and of the Maryland Hospital, have been in New England, collecting information, and have returned home with the best impressions and a zeal worthy of the cause. The institutions at the South are not equal to those of the Northern and Middle States; but they have commenced a reform. Liberal appropriations have been made in some of the States to improve old and erect new buildings, and introduce all the improvements of the best institutions in this section of the country.

Even at the north we cannot be stationary, for there is yet much to be accomplished. Already the problem which has been propounded to the medical world for a century, "Whether religious worship can benefit the insane," is in prospect of a favorable solution.

At the McLean Asylum they have evening prayers, and religious worship on Sabbath evenings, at which a majority of the inmates attend.

At the Retreat, in Hartford, they have made provision for stated religious worship on the Sabbath, and the inmates occasionally assemble in considerable numbers and hear preaching.

At the Bloomingdale Asylum they have one religious service each Sabbath, at which more than one third of the inmates attend.

At the State Lunatic Hospital in Worcester, there are two religious services on each Sabbath, in a neat chapel erected for the purpose. The singing is regularly performed by a choir composed of patients and attendants, accompanied with from two to five instruments, on each Sabbath. At these meetings a large proportion of the residents in the hospital attend. Since the present year commenced, there have been *two hundred and seventy-three* patients in that hospital, of which *two hundred and twenty-six* have attended public worship more or less; about *two thirds* assemble on each Sabbath.

Thus far, the report from all these institutions of the influence of religious instruction, is highly favorable. The experiment is in the way of a fair trial. The success is greater than was expected, and promises results which may throw much light upon the philosophy of insanity.

It is to be regretted that so few reports are published of our hospitals for the insane, and that many that are published are so brief and imperfect, giving but little information, and omitting much that is important. It is greatly to be desired that *full* and *uniform* annual reports should come from all our public institutions. In this way only can the true merit of each be known.

W.

May, 1838.

CURVATURES OF THE SPINE.

*To John C. Warren, M.D., Professor of Anatomy and Surgery in
Harvard University.*

DEAR SIR,—In a previous number of the Boston Medical and Surgical Journal, I had the honor of addressing to you some cursory remarks on curvatures of the spine in general. I now take the liberty to make some observations on particular curvatures, viz. the lateral, the posterior, and the anterior. Of these the lateral is very much the most common, and less likely to be accompanied by disease of the vertebræ than either of the others. The lateral curvature is very generally first formed in the loins, and more frequently than otherwise towards the left side. In process of time another curvature is formed between the shoulders, in an opposite direction. This second curvature takes place as a matter of course; it being essential for the purpose of balancing the head and shoulders.

I have at this time under my care a very remarkable curvature of the spine. The subject of it is a lady about 30. She was remarkably straight and erect until she was about 8 years old, when the spine began to curve in the loins, and afterwards the curve took place between the shoulders. These curves have been gradually increasing, up to the present time. I fear it will be difficult to give you an accurate idea of the peculiar curvature of this spine. I will attempt it by beginning at the sacrum. The spine here goes off, almost at right angles, towards the left side for almost three inches; it then forms an arch, turns and runs in nearly a horizontal line to the right shoulder blade; it then forms an acute angle, and pursues its course to the neck. The cervical vertebræ are straight and erect. The head is placed on a line perpendicular to the centre of the pelvis. The shoulders are on a level with each other, and the hips are of equal height. As this lady approaches you in front, or turns from you and walks off, you would not notice anything in her appearance very remarkable, except the shortness of her body, compared with the length of her lower limbs. Her head and shoulders are well balanced. Still it must be obvious to you, if I have been successful in giving you an idea of the relative position of the parts, that the head and shoulders are sustained in the erect position to the great disadvantage of the supporting muscles.

The fact is, the horizontal turn which the spine takes across the body, and on which the head and shoulders rest, operates as a lever, greatly to the disadvantage of the supporting muscles. The head and shoulders are approaching daily nearer and nearer to the pelvis. The space now between the tops of the ilia or the hip bones, and the axilla or arm pits, is only 4 inches. Still the tops of her shoulders are level with each other, and so are the tops of her hips. This renders her situation peculiar, as there are very few cases where so great a deformity exists that the person is not one sided—either inclining to the right or left. The greatest inconvenience this lady complains of is, that she feels, to use her own words, as though she was sinking down, and that her shoulders would soon rest upon her hips. She has some reason for this sensation,

for, as I have before mentioned, only a space of four inches now intervenes. All that can be done for her, is to render her situation more comfortable. I have put on spinal supports, so as to give aid to the spinal muscles, and prevent any further increase of the deformity. In this way she will probably go through life very comfortably. The difficulty will not, probably, increase, and as she seems to possess a great deal of philosophy and energy of character, I have no doubt she will enjoy life better than many who have mere imaginary troubles and complaints.

I have stated above that in lateral curvatures, the curve first forms in the loins, and that the curve in the dorsal and cervical portions of the spine, follows as a necessary consequence, to enable the body to preserve its equilibrium. If the curve in the loins can be straightened, it is almost a necessary consequence that the dorsal and cervical portions of the spine will become straight also; and for the above reason, viz. to enable the body to preserve its equilibrium. This, however, will follow of consequence *only* where the dorsal and cervical portions of the spine are sound and healthy. If any of the vertebræ which compose the upper curve are ankylosed, it is obvious that a straightening of this curve will not follow as a consequence of straightening the lower curve. It appears to me that much importance is attached, and means ought to be employed, to straighten the lower curve in the first place. Suspending people by the head has very little effect upon the lumbar portion of the spinal column. It acts almost entirely on the neck. Casey's apparatus, therefore, and many others contrived for this purpose, do, in my opinion, very little good, and where ankyloses have formed between the vertebræ, or the vertebræ are diseased, they will do positive harm. If suspension is to be employed as a remedy, it is all important to ascertain the precise condition of the spine, by minute examination, previous to its being made use of. In simple lateral curvatures, moderate extension can do no harm. Lateral curvatures are simple or complex. A simple lateral curvature is unaccompanied by disease of the vertebræ, ankylosis, or stoop. A stoop, added to a lateral curvature, renders it complex, because all lateral curvatures are not accompanied by a stoop—in fact, a great proportion are not. Old people, girls who are obliged to sit much at work, and young ladies who play a great deal on the pianoforte, are very apt to contract a stoop. Where a stoop accompanies a lateral curvature of the spine, the treatment requires to be somewhat varied. Simple curvatures of the spine may be almost invariably cured, if taken in season; but when neglected for years, the vertebræ acquire a wedge-like shape, i. e. they become thinner on the concave, and thicker on the convex side of the curve. This is the natural consequence of unequal pressure—the weight of the superincumbent body being almost entirely supported upon the edges of the concave side of the curvature. Where there are no ankyloses, or disease of the vertebræ, or intervertebral substance, the spine may be brought into a straight line, by extension; but the moment the extending power is removed, the spine sinks back into its former serpentine form. It is not in the power of art or machinery to restore the vertebræ to their original shape; unless this can be done, the spine cannot be kept in its natural erect position without mechanical

support ; and mechanical support (however long continued), will never enable the spine to support itself. It therefore follows, that a spinal curve of long standing cannot be cured ; and whoever pretends to make such cures, shows either ignorance or want of principle, and a desire to make money from the credulity of his patients. I am aware that patients may be amused and deceived, by a show and parade of complicated machinery, and that money may be made by pursuing this course ; but what honest man would do it ?

I have said above that spinal curvatures, particularly simple lateral curvatures, may be cured if attended to at an early period ; and I should recommend to parents to be particular in watching the forms of their children, from the age of 8 to 16, and more particularly the shape of their backs. Curvatures of the spine come on insidiously, and are frequently unnoticed until they produce a very considerable deformity. The *growing out* of one shoulder, the elevation of one hip, and the enlargement of one breast, are marks of curvature of the spine. These marks, parents would do well to keep in mind.

Posterior and anterior curvatures of the spine.—These deformities occur very much less frequently than lateral curvatures, and are occasioned very generally, I believe, by external injury, rickets, scrofula, some constitutional disease, or, in fact, any accidental circumstance that excites inflammation of the vertebræ or intervertebral substance.

Those remedies which have proved the most efficacious in the treatment of these complaints, particularly at their commencement, are leeches, blisters, irritating ointments, and internal remedies, such as may be indicated by the particular state of the constitution at the time. If during the treatment exercise is admissible, artificial supports will be found necessary, and will very much facilitate the cure, and have a great tendency to lessen the deformity.

The more I reflect upon the functions of the spinal column, the more important I consider its diseases. There is not an organ in the human body whose disorders produce greater disturbance or more complicated symptoms. Diseases, apparently remote, have their origin not unfrequently in the spinal cord, or the nerves that proceed from it. We are apt to make our applications to the part or organ which seems particularly affected, instead of to the spine, which is the actual seat of the difficulty. Formidable complaints, such as hemiplegia, paraplegia, &c., are immediately referred to the brain, or spinal nerve, for their cause ; but we seldom look to the spine as the origin of minor local diseases.

Dyspepsia, palpitations of the heart, flatulence, affections of the bowels and all the abdominal viscera, and of the upper and lower extremities, upon close examination, may be found to originate not unfrequently in some derangement of the spinal column. The anomalous complaints of young females, and sometimes of boys, may be traced very frequently to the spine ; either to some affection of the great spinal nerve, ganglia, or nervous filaments that proceed from them.

There is no affection more common, as the consequence of spinal irritation, than a pain in the back of the head, confined principally to the scalp ; and still we are not apt to look for its origin in the spinal

nerves. Even a slight curvature produces a derangement in the nervous influence. An inclination of the bony column to one side, although it may be so slight as hardly to be perceptible, has its influence upon the great spinal nerve, the ganglia, and the nervous filaments that proceed from them. The spinal column cannot be altered (I mean permanently) from an erect position, without danger of disturbing the functions of some remote organ or part, whose nerves are supplied therefrom.

I was called to a patient, not long since, a lad about 15 years old, who had a variety of complaints not readily accounted for. He had been attended by an eminent physician, a gentleman for whom I have the highest respect. His complaints were a painful affection of the eyes, palpitations of the heart, indigestion, a painful affection of the scalp, and a torpid state of the alimentary canal. I immediately examined the spine, and passed my fingers up and down its whole length. I found two portions of it tender, viz. about the middle of the dorsal, and the middle of the lumbar vertebræ. When I pressed on the transverse process of the middle lumbar vertebræ, he invariably complained of pain in the abdomen. These circumstances convinced me that all his complaints proceeded from spinal irritation, and I stated my conviction to the physician who had attended him. He could not be persuaded that all this chain of symptoms could proceed from this source. In the course of two or three weeks, three of the lumbar vertebræ began to project. They were evidently enlarged, probably from inflammation and swelling of the intervertebral substance. The attending physician was then convinced that all the complaints of this lad were caused by a disease of the spinal column and the nerves that proceeded from it, affecting remote parts and organs.

In connection with this subject, and to show how diseases in remote parts of the body may have their origin in, and be connected with, diseases of the spine and its nerves, I will relate a case which a medical friend stated to me came under his observation. The patient was a boy, who complained of extreme pain in the three small toes of his left foot. The pain was excruciating; still no disease in them was apparent. There was no swelling, no redness, no symptom of inflammation. The appearance of the toes was natural. Leeches, blisters, and poultices, were applied, but to no effect. The pain was so excruciating that the boy could get no sleep, for several nights in succession. Very large quantities of laudanum were given, but without producing sleep, which could not be obtained. Consultations were held, and it was agreed, upon all sides, that the case was a singular one and not easily to be accounted for. The attending physician, as he was sitting by his patient one day, passed his fingers, rather accidentally, down his back, until they came to the sacrum, when the boy immediately screeched out, "let my toes alone." He then passed his whole hand upon the sacrum, and the boy cried out again, "let my blister alone," meaning the blister on his foot. The fact is, that when the doctor pressed with his fingers, the sensation was more marked and definite; but when he pressed with his whole hand, the sensation was as if the whole blistered surface of his foot was rudely touched. Applications were immediately

made to the sacrum and lower part of the spine, and the boy was immediately relieved.

I have the honor to be, yours, very respectfully, JOHN B. BROWN.
Boston, May 8th, 1838. No. 65 Belknap Street.

CONCLUDING SUMMARY OF DR. HOOKER'S ESSAY ON THE RESPIRATORY AND CIRCULATING FUNCTIONS.

THE preceding essay, it is believed, establishes several important pathological principles, affording valuable diagnostic and therapeutic indications, which hitherto have been but slightly noticed, or wholly unknown. The indications of the pulse have received much attention; but the variations of the respiration have been little attended to, and the relations between the respiratory and circulating functions have been almost wholly neglected.

The *comparative frequency* of the respiration and the pulse in health, which from constant observation, during a period of several years, I have ascertained to be 1 to 4½ (p. 236), has not been commonly observed; and most of the indications afforded by *variations of this ratio* (p. 237) have been altogether overlooked.

A disproportionate *increased frequency* of the respiration has been shown to afford the general indication (p. 242) that there is some impediment to the respiration; which may be owing to, A. *Disorder of the lungs or air passages* (p. 237), as pneumonitis, phthisis (p. 238), œdema of the lungs (p. 240), or (p. 241) any affection of the lungs which prevents a portion of them from being freely permeated with air, or any disorder of the bronchia or bronchial membrane which impedes the communication between the air and the blood within the lungs: or, B. *Some mechanical impediment* to the motions of respiration (p. 241): or, C. *Imperfect function of the organic nerves* of the lungs (p. 241).

A disproportionate *diminished frequency* of the respiration, which indicates a *want of energy in the nerves which control the respiratory motions* (p. 245), has been shown to be common in typhous fever, and in many other diseases.

The pathological effects of imperfect aeration of the blood, which had been treated of by Bichat and some subsequent writers (p. 245), but which they scarcely noticed except as immediate precursors and causes of death, I have observed to be manifest through the progress of typhous fever (p. 247), and many other diseases. What is commonly termed *congestion in the brain*, I have endeavored to show (p. 249), is simply a deterioration of the blood caused by this imperfect aeration, a prominent example of which occurs in the disease termed congestive typhus (p. 249). The effects of this imperfect aeration, depending upon disordered function of the different nerves concerned in respiration, have been traced in various diseases (p. 247 to p. 279).

The common occurrence, and the injurious effects, of this imperfect aeration of the blood suggest the important general *therapeutic indication* (p. 280) *to remedy deficient respiration*. The medicinal agents

are detailed (p. 280 to p. 282) which aggravate deficient respiration, by increasing the circulation, or by diminishing the respiratory function.

The use of remedies, with a view to *promote the arterialization of the blood* (p. 282), it is believed, has never been distinctly treated of by any author, as a prominent object of medication. Though my 1st class of these remedies—those which diminish the action of the heart and arteries (p. 282)—have been commonly known to possess this power over the circulation, still they have not been commonly employed with the view—a view which I consider as highly important in many cases—to obviate a disparity between the respiratory and circulating functions. The 2d and 3d classes of remedies (p. 293 and p. 295)—those which excite and invigorate the motor respiratory nerves, and the arterializing nerves of the lungs—have rarely, if ever, been recommended for those particular purposes; though I think it will be obvious to my readers, that many of the known valuable effects of these remedies are owing to such operations. The other three classes—4th. Ventilation (p. 300); 5th. Remedies which obviate mechanical impediments to the respiration (p. 301); and, 6th. Remedies which excite secretions vicarious of respiration (p. 301)—though their general effects on the respiratory function have been known, have not been commonly employed for the distinct purpose of obviating deficient aeration of the blood.

In short, the general subject of the pathological relations between the respiratory and circulating functions has received little, very little attention. The writer hopes that he has at least shown the subject to be deserving of investigation.

A BOTANICAL QUERY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—After all that has been written relative to the *cow-parnsip*, I am still at a loss to know what plant Dr. Partridge intends to describe in his communication in a late number of the Journal. It is certainly some plant not usually known in this vicinity by that name. Is it a species of *synrimum*? or is it a plant known in some places as yellow snakemoot, the *thapsia trifoliata* described by Torrey? I am inclined to the opinion that it is the latter, and, if so, should be gratified to learn the fact; as I propose, at some future time, to furnish for the Journal a communication on the medical properties of this plant. If some of your correspondents in the vicinity of Stockbridge, who are versed in scientific botany, will favor us with a botanical description of the plant in question, or even assure us of its generic and specific names, they will subserve the cause of medical literature, and confer a favor on the writer of this note. As it is probably now in blossom, a favorable opportunity is presented for ascertaining correctly what is the plant referred to, and which Dr. Partridge has known to cure several severe cases of epilepsy.

Cambridgeport, June 8th, 1838.

Yours, &c.

S. A. T.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JUNE 20, 1838.

TREPHINING FOR EPILEPSY.

A FEW weeks since, we gave a hasty account of an operation performed on the Rev. Mr. Sewell, of Scituate, for the cure of epilepsy, which must certainly be regarded as a bold and successful effort of the surgeon, to save an excellent divine, who was fast approaching that "bourne from whence no traveller returns." Next week Dr. Hayward's own account, which embraces the whole history of the case, will be published in the Journal—the manuscript now being in the hands of the compositor. The interest excited in the community by a very general report of the manner in which Mr. Sewell was relieved, was probably instrumental in bringing another patient to the Massachusetts General Hospital for advice—a case no less remarkable in character, and which promises in the sequel to be equally important to the health and happiness of a valuable young man.

Mr. J. Tenny, 26 years of age, was dreadfully injured three years ago by the breechpin of a gun, which in being forced from the barrel by an explosion, fractured the skull over the right eye, midway of the forehead. The concussion must have been severe; yet, as the functions of the brain were not impaired, the scalp was not cut down upon to inspect the bone. After a while, however, two exfoliated pieces made their exit. Subsequently he became epileptic, and during the month of May, 1837, one year since, he had one hundred epileptic fits. He had never been one moment free from headache since the infliction of the injury. The present season the whole aspect of things began to change alarmingly—as a partial insanity marked the progress of a malady evidently approaching a fearful crisis. Dr. Hayward felt assured that the brain was compressed, and that all that was required to reinstate the mind, was simply to give more room to that portion of the organ immediately under the wounded bone. With this philosophical view, on Saturday, June 9th, he removed a circular piece of the os frontis, about an inch in diameter—a feat requiring extreme delicacy—and, as in the preceding case, every symptom which had so long been the bane of life, was almost instantly removed. We visited Mr. Tenny, the other day, to be satisfied that the stories related of his almost miraculous restoration were true. He certainly was very comfortable, considering the magnitude of the operation—wholly free from pain, conversed with freedom, and related the facts here stated, which we noted with a pencil at the bed-side. Surely the art-chirurgical needs no stronger fosterings to be appreciated, than such a narrative as this.

Medical Society of Tennessee. On the eighth anniversary of this Society, in May, an address was delivered by L. P. Yandell, M.D., which reflects much credit on the author. Nothing short of a spirited discourse could be expected from that gentleman, who has been so long before the public in the character of a public teacher; and a puny effort could never

have received the approbation of an association like the one which he had the honor of addressing. Dr. Yandell's acknowledgment of his personal obligations to the Society, certainly speaks well, for it is obvious that some, if not a considerable part of his professional success in life, is referable to the influence of the Medical Society of Tennessee: at all events, this is implied in the very commencement of the discourse. Nothing gives us a better opinion of the strictly literary or scientific man, than a frank acknowledgment of a debt of gratitude.

Several pages of the pamphlet, which is certainly a very neat specimen of Western printing, are occupied in a detailed history of the progress of medicine from Greece, through all its phases in the weal and woe of nations, down to our own halcyon days—an epoch destined to be chronicled by the historian, as an age distinguished for unblushing quackery of every order and description. It is to be regretted that the doctor did not belabor medical impostors with the same ability with which other topics have been presented. In detailing the condition of medicine in Turkey, pretty liberal drafts have been made upon Dr. Oppenheim's interesting narrative, much of which has been widely circulated of late in periodicals.

We are gratified with the efforts of the physicians in Tennessee, so favorably noticed by the orator. There is a concentration of talent there, of which the people may be proud. With regard to the insane, Dr. Yandell in plain words tells the State what ought to be done.

"Tennessee remains without a retreat for its insane, but it is gratifying to perceive that this cannot be much longer said. Humanity, as well as State dignity, calls for the early completion of this charity. The want of it has been the cause of great and manifold suffering. In all parts of the State, unfortunate beings, too poor to gain admittance into the asylum of a neighboring State, are chained in dark rooms, and log cabins, and treated with kindness or cruelty, as their keepers or friends may chance to be intelligent and humane, or ignorant and unfeeling."

Being connected with the prosperous, though recently established Medical Institute at Louisville, a chair of which belongs to him, it is natural that he should make mention of it—and, finally, the essay closes with the following excellent, feeling, and, at the same time, encouraging remarks.

"The first generation of physicians in Tennessee has passed away; and we stand here their successors and representatives. They spent their days in the discharge of labors 'huge and hard'—labors which demanded great bodily strength, industry and courage—exposed to cold in their long, lonely rides—compelled to ford dangerous streams—pursuing their way along blind, uncertain paths—encountering hardships and privations to which these luxurious days afford no parallel. Amid such lives of toil, there could be but little leisure for study. Few books were reprinted in America, and few could be commanded. Those men had small advantages of professional intercourse. Schools of medicine were remote, and the expense of visiting them beyond the ability of most practitioners—and, above all, they were without the advantages of the periodical press. These difficulties have passed away with the generation of men who lived in the midst of them. And with all the augmented means and facilities which we enjoy—with Macadamised roads and the power of steam to hasten our travel—pursuing our professions in crowded, cultivated cities, or in thickly settled neighborhoods, and with increased leisure thus for study—brought into contact with all parts of the country, and light from the farthest east flying to the remotest west, with more

than the speed of the revolving seasons—the discoveries at Paris or Vienna transmitted to Philadelphia, and from Philadelphia to Louisville or St. Louis, as if by telegraphic agency—with these enlarged efficiencies, shall we be accounted to have discharged the whole amount of our duty to our professions, if we pursue them with no more than the ardor and success of our forefathers? Nay! with the multiplication of means, has come a heavier weight of responsibility. We are invoked by the laborious example of our predecessors—by the clamorous wants and imperfections of the healing art—by the complicated sufferings of our fellow men—by the efforts of the profession in other lands—by our pride of State, and pride of profession, to transmit the science of medicine to our successors enriched by our labors."

Sickness in Havana.—Notwithstanding the frequent accounts which are circulated of late in regard to the *unusual sickness of Havana*, we are convinced, thus far, after a careful inquiry, that an unnecessary alarm has been created. Havana, at some seasons, is, no doubt, an unhealthy climate for those who have grown up in a northern latitude; but, as a general rule, since the administration of the late Gov. Tacon commenced, unwearied pains have been taken to keep the streets in a good and wholesome condition, and it is a fact that since that plan of out-door cleanliness was undertaken, Havana has been unrivalled for the salubrity of its port-climate.

Typhous Fever in London.—It seems that a fever, unusually severe in the city of London, has become rather alarming on account of the number of medical gentlemen who have fallen victims to it. This had led some of the principal citizens to an opinion that they are harboring an infectious disease of unusual malignancy. Typhous fevers, in England, are never so manageable in their cities, as in the cities of this country.

The Insane in Connecticut.—A committee of the Legislature of Connecticut, has recommended the erection of a State Lunatic Asylum sufficiently large to accommodate one hundred and twenty patients. It is ascertained that the average number who yearly become insane in that State, is sixty. There are at the present time, in 118 towns out of 135, the whole number, no less than 707 insane and idiotic, fifty-nine of whom are in close confinement.

Absorption of Bone.—Mr. Liston lately exhibited at the University College Hospital, London, the brain of a man who had become totally blind from amaurosis. The patient had been an intemperate liver, and much exposed to cold weather in his occupation of driving a waggon with fish to town during the night. He first became affected with a severe pain in the forehead, and lost the sight of one eye. Continuance in his old habits soon brought the other eye into the same state. He continued to suffer from violent pain and tension over the forehead, for which he was bled and blistered with advantage. He was subject to fits, and eventually perished from fever. On examining the brain, the cause of amaurosis was at once apparent; the anterior lobes of the cerebrum were coated over with lymph, which glued the dura mater to the

brain, enveloping and compressing the optic nerves. In this case, at one period of the treatment, five or six weeks before the patient's death, it was thought advisable to form a seton in the neck. Mr. Liston introduced a small piece of the tibia for the purpose. The bone being carefully weighed, both after and before the experiment, it was found not to have been acted on by the absorbents.

Boston Common, or Rural Walks.—Mr. Light, of Cornhill, has sent forth an unpretending little book with the above title, which is really an excellent production. Its object is nothing more than to remind the inhabitants of this ancient metropolis of the rural beauties of the Common, and invite them to enjoy it in a manner conducive to bodily health and intellectual comfort. It will not do to copy from its pages, as there is so little of the whole that the publisher might justly complain of an infringement upon the copy-right. Were the author's name known, the edition would be quickly exhausted. It contains the essence of that philosophy which promotes rational enjoyment and a length of days.

On the use of Chloride of Lime in Wounds attended with much pain, by Dr. Chopin.—In wounds produced by contusion, laceration, or by the explosion of gunpowder, where there is much pain, speedy and certain relief, says Dr. C., is produced by chloride of lime. That this relief is not the effect of cold or any other cause than the chloride in solution, the author is convinced by many experiments. Charpie, moistened with the same solution, has been also found a useful application in relieving the pains which sometimes follow delivery, which depend on small excrescences in the vagina. That such is frequently the case, Dr. C. is convinced from repeated examination. Excoriated breasts are most efficiently treated by the use of the same external application.—*British and Foreign Medical Review.*

Medical Miscellany.—Two French medical men, MM. Boissonneau and Rey, assert, that if the vaccine matter loses its power in glass tubes, it is because the glass itself is a matter susceptible of being altered by external causes, and that they have succeeded in manufacturing an inalterable glass by substituting metallic substances for the alkaline salts contained in common glass.—In cases of torticollis of old standing, M. Jules Guerin divides only the sternal portion of the cleido-mastoid muscle. His mode of operating is attended with perfect success.—M. Jobert has lately repeated his operation for vesico-vaginal fistula, with success, at the Hopital St. Louis. Of seven women operated upon, three were perfectly cured, three remained unrelieved, one died.—Dr. Thomas Stewardson was elected one of the physicians to the Pennsylvania Hospital, on Monday, 14th of May.—Professor Dunglison was elected one of the physicians to the Philadelphia (Alma-House) Hospital, on the 21st of May, in the room of Dr. Stewardson, who resigned the situation upon being appointed to the Pennsylvania Hospital.—M. Heurteloup, by request of the Emperor of Russia, is about to write a treatise on lithotripsy.—A common pin has lately been found, in England, in the yolk of a fresh hen's egg, having undergone little change, excepting of its lustre. The shell was perfect before opening.

DIED.—At Troy, New York, Dr. Gerret H. Van Wageningen, aged 29.

Whole number of deaths in Boston for the week ending June 16th, 28. Males, 19—Females, 9.
Consumption, 6—old age, 2—hives, 1—gastric fever, 1—drowned, 1—poison, 1—scarlet fever, 1—accidental, 1—marasmus, 1—infantile, 2—convulsions, 1—typhous fever, 1—inflammation of the bowels, 1—dropsy on the brain, 1—debility, 1—lung fever, 2.

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J13—tf

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Oct. 18—tf

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Boston, August 9, 1837.

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R. W. HOOPER, M.D.
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Franklin Street, Nov. 9, 1836.

July 19—6m

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with *Virus Vaccina* by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

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